

**APPLICATION DATA SHEET****Application Information**

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

No

Computer Readable Form (CRF)?::

No

Number of copies of CRF::

Title ::

LPAAT-BETA INHIBITORS AND USES  
THEREOF

Attorney Docket Number::

200144.405D1

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

Total Drawing Sheets::

21

Small Entity?::

Yes

Petition included?::

No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?::

No

**First Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Robert  
Middle Name:: E  
Family Name:: Finney  
Name Suffix::  
City of Residence:: Shoreline  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 16847 1st Avenue NW  
City of mailing address:: Shoreline  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98177

**Second Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Lynn  
Middle Name::  
Family Name:: Bonham  
Name Suffix::  
City of Residence:: Seattle  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 201 Galer Street #270  
City of mailing address:: Seattle  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98109

### Third Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Baoqing  
Middle Name::  
Family Name:: Gong  
Name Suffix::  
City of Residence:: Shoreline  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 2324 N 178th Street  
City of mailing address:: Shoreline  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98133

**F urther Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Middle Name:: M  
Family Name:: Hollenback  
Name Suffix::  
City of Residence:: Seattle  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 911 NW 60th Street  
City of mailing address:: Seattle  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98107

**Fifth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: J  
Middle Name:: Peter  
Family Name:: Klein  
Name Suffix::  
City of Residence:: Vashon  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 18822 Ridge Road SW  
City of mailing address:: Vashon  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98070

**Sixth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Middle Name:: W  
Family Name:: Leung  
Name Suffix::  
City of Residence:: Mercer Island  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 7625 Mercer Way  
City of mailing address:: Mercer Island  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98040

### **Seventh Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Scott  
Middle Name:: A  
Family Name:: Shaffer  
Name Suffix::  
City of Residence:: Seattle  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 6815 21st Avenue NE  
City of mailing address:: Seattle  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98115

**Eighth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Norina  
Middle Name:: M  
Family Name:: Tang  
Name Suffix::  
City of Residence:: Ann Arbor  
State or Province of Residence:: MI  
Country of Residence:: US  
Street of mailing address:: 2096 Greenview  
City of mailing address:: Ann Arbor  
State or Province of mailing address:: MI  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 48103

**Ninth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: John  
Middle Name::  
Family Name:: Tulinsky  
Name Suffix::  
City of Residence:: Seattle  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 15 Aloha Street, Apartment 6  
City of mailing address:: Seattle  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98109

**Tenth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Thayer  
Middle Name:: H  
Family Name:: White  
Name Suffix::  
City of Residence:: Bellevue  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 8651 NE 17th Street  
City of mailing address:: Bellevue  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98004

**Correspondence Information**

Correspondence Customer Number :: **00500**  
Phone number:: 206.622.4900  
Fax Number: 206.682.6032  
E-Mail address:: richards@seedlaw.com or  
rsharkey@seedlaw.com

**Representative Information**

Representative Customer Number::		<b>00500</b>
----------------------------------	--	--------------

**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Divisional	10/236,084	09/06/02
10/236,084	Continuation	09/984,888	10/31/01
09/984,888	An Application claiming the benefit under 35 U.S.C. 119(e)	60/244,195	10/31/00

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	Cell Therapeutics, Inc.
Street of mailing address::	501 Elliott Avenue W, Suite 400
City of mailing address::	Seattle
State or Province of mailing address::	WA
Country of mailing address::	US
Postal or Zip Code of mailing address::	98119

MillicentS/430935 (200144.405D1)